

HEALTH STUDY
OF
NONSMOKING WOMEN

PM3001487794

HEALTH STUDY OF NONSMOKING WOMEN

STUDY I.D. : _____

TIME STARTED: :

1 = a.m.

2 = p.m.,

DATE: ____/____/____
month day year

INTERVIEWER I.D.:

1. First, I would like to ask you some general background questions.

In what year were you born? 19 |__|__|

and so how old were you on your last birthday?

____ years of age

2. In what city and state or foreign country were you born?

(city) (state) (foreign country)

PARENTS SMOKING HISTORY

3. Now I would like to ask you some questions about the smoking habits of members of your household while you were growing up. First, think back to the time you were a child and teenager and living at home.

	F a t h e r			M o t h e r			
3.1	Did your <u>smoke</u> a. cigarettes? No <input type="checkbox"/> ↓ Yes <input type="checkbox"/>						
	b. cigars ? No <input type="checkbox"/> ↓ Yes <input type="checkbox"/>						
	c. pipe ? No <input type="checkbox"/> ↓ Yes <input type="checkbox"/>						
3.2	On the average, how many <u>did he/she</u> <u>smoke per day?</u>	a. CIGARETTE <input type="text"/>	b. CIGAR <input type="text"/>	c. PIPE <input type="text"/>	a. CIGARETTE <input type="text"/>	b. CIGAR <input type="text"/>	c. PIPE <input type="text"/>
3.3	How many years did your <u>smoke</u> <u>in</u> <u>your household</u> <u>while you were</u> <u>growing up?</u>	<input type="text"/> yrs.	<input type="text"/> yrs.	<input type="text"/> yrs.	<input type="text"/> yrs.	<input type="text"/> yrs.	<input type="text"/> yrs.
3.4	On the average, how many hrs. a day did you spend in the same room with this person while he/she smoked <u> </u> ?	<input type="text"/> hrs.	<input type="text"/> hrs.	<input type="text"/> hrs.	<input type="text"/> hrs.	<input type="text"/> hrs.	<input type="text"/> hrs.

CHILDHOOD HOUSEHOLD MEMBERS SMOKING HISTORY

SHOW CARD #1

4. Looking at this card, please identify any other household member, or person who lived in the house with you for 6 months or more, who smoked while you were growing up.

 None --> SKIP TO Q 5

	1st HH member specify			2nd HH member specify			
4.1	Did your						
	smoke						
	a. cigarettes?			No <u> </u> ↓ Yes <u> </u>			
	b. cigars ?			No <u> </u> ↓ Yes <u> </u>			
	c. pipe ?			No <u> </u> ↓ Yes <u> </u>			
4.2	On the average, how many	a. CIGARETTE	b. CIGAR	c. PIPE	a. CIGARETTE	b. CIGAR	c. PIPE
	did he/she smoke per day?	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
4.3	How many years did your smoke in your household while you were growing up?	<u> </u> yrs.	<u> </u> yrs.	<u> </u> yrs.	<u> </u> yrs.	<u> </u> yrs.	<u> </u> yrs.
4.4	On the average, how many hrs. a day did you spend in the same room with this person while he/she smoked ?	<u> </u> hrs.	<u> </u> hrs.	<u> </u> hrs.	<u> </u> hrs.	<u> </u> hrs.	<u> </u> hrs.

		3rd HH member specify			4th HH member specify		
4.1	Did your smoke						
	a. cigarettes?	No			↓ Yes		
	b. cigars ?	No			↓ Yes		
	c. pipe ?	No			↓ Yes		
4.2	On the average, how many	a.	b.	c.	a.	b.	c.
	did he/she	CIGARETTE	CIGAR	PIPE	CIGARETTE	CIGAR	PIPE
	smoke per day?						
4.3	How many years did your _____ smoke _____ in your household while you were growing up?						
		yrs.	yrs.	yrs.	yrs.	yrs.	yrs.
4.4	On the average, how many hrs. a day did you spend in the same room with this person while he/she smoked _____?						
		hrs.	hrs.	hrs.	hrs.	hrs.	hrs.

Now I would like to ask you some questions about the smoking habits of the people you lived with after you left home.

MARITAL HISTORY

5. Are you currently married or living as married?

☐ No

☐ Yes → SKIP TO Q 7

6. Have you ever been married or lived as married?

☐ No → SKIP TO Q 9

☐ Yes ↓

7. How many times have you been married or lived as married?

7.1 (Has your partner/Have any of your partners) smoked tobacco?

☐ No → SKIP TO Q 9

☐ Yes ↓

SPOUSE/PARTNER SMOKING HISTORY

8. I would like to ask you some questions about your spouse(s) or partner(s) who smoked. I would like to begin with your first spouse or partner who smoked, then the next and so forth. Please include only those who smoked tobacco.

		Partner #1 specify			Partner #2 specify		
8.1	Did he smoke						
	a. cigarettes?	No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>		No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>	
	b. cigars ?	No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>		No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>	
	c. pipe ?	No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>		No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>	
8.2	How many years did he smoke	a. CIGARETTE	b. CIGAR	c. PIPE	a. CIGARETTE	b. CIGAR	c. PIPE
	while you lived with him?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.3	When was this?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	From 19__ to 19__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.4	During this time, on the average how many did he smoke per day?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.5	During the time you lived with how many hours/day on the average did you spend in the same room while he smoked _____?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	hrs.	hrs.	hrs.	hrs.	hrs.	hrs.	hrs.

		Partner # 3 specify			Partner # 4 specify								
8.1	Did he smoke a. cigarettes?	No	<input type="checkbox"/>	↓ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	↓ Yes	<input type="checkbox"/>				
	b. cigars ?	No	<input type="checkbox"/>	↓ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	↓ Yes	<input type="checkbox"/>				
	c. pipe ?	No	<input type="checkbox"/>	↓ Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	↓ Yes	<input type="checkbox"/>				
8.2	How many years did he smoke while you lived with him?	a. CIGARETTE	<input type="text"/>	b. CIGAR	<input type="text"/>	c. PIPE	<input type="text"/>	a. CIGARETTE	<input type="text"/>	b. CIGAR	<input type="text"/>	c. PIPE	<input type="text"/>
8.3	When was this? From 19__ to 19__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
8.4	During this time, on the average how many did he smoke per day?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
8.5	During the time you lived with _____, how many hours/day on the average did you spend in the same room while he smoked _____?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
		hrs.		hrs.		hrs.		hrs.		hrs.		hrs.	

OTHER HOUSEHOLD MEMBERS SMOKING HISTORY

9. Now we'd like you to think about other people you have shared living quarters with in your adult life. Have you ever roomed with, or shared a household for 6 months or more with people we haven't already talked about?

☐ No → SKIP TO Q 10

☐ Yes ↓

- 9.1 Were any of these people smokers while you lived with them?

☐ No → SKIP TO Q 10

☐ Yes ↓

9.2	Did the (first/next) smoker you roomed with smoke a. cigarettes? b. cigars ? c. pipe ?	Person # 1			Person # 2		
		No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>	No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>		
		No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>	No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>		
		No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>	No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>		
9.3	How many years did he/she smoke while you lived with him/her?	a. CIGARETTE <input type="text"/>	b. CIGAR <input type="text"/>	c. PIPE <input type="text"/>	a. CIGARETTE <input type="text"/>	b. CIGAR <input type="text"/>	c. PIPE <input type="text"/>
9.4	When was this? From 19__ to 19__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.5	During this time, on the average how many did he/she smoke per day?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.6	During the time you lived with this person, how many hours/day on the average did you spend in the same room while he/she smoked ____?	<input type="text"/> hrs.	<input type="text"/> hrs.	<input type="text"/> hrs.	<input type="text"/> hrs.	<input type="text"/> hrs.	<input type="text"/> hrs.
9.7	Did you live or room with any other smoker in your adult life?	No <input type="checkbox"/> Yes <input type="checkbox"/> ↓ SKIP TO Q 10 ↓ GO TO NEXT PERSON			No <input type="checkbox"/> Yes <input type="checkbox"/> ↓ SKIP TO Q 10 ↓ GO TO NEXT PERSON		

9.2	Did the (first/next) smoker you roomed with smoke a. cigarettes?	Person # 3			Person # 4		
		No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>		No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>	
	b. cigars ?	No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>		No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>	
	c. pipe ?	No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>		No <input type="checkbox"/>	↓ Yes <input type="checkbox"/>	
9.3	How many years did he/she smoke while you lived with him/her?	a. CIGARETTE	b. CIGAR	c. PIPE	a. CIGARETTE	b. CIGAR	c. PIPE
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.4	When was this? From 19__ to 19__	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.5	During this time, on the average how many did he/she smoke per day?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.6	During the time you lived with this person, how many hours/day on the average did you spend in the same room while he/ she smoked ____?	<input type="text"/> hrs.	<input type="text"/> hrs.	<input type="text"/> hrs.	<input type="text"/> hrs.	<input type="text"/> hrs.	<input type="text"/> hrs.
9.	Did you live or room with any other smoker in your adult life?	No <input type="checkbox"/> ↓ SKIP TO Q 10			Yes <input type="checkbox"/> ↓ GO TO NEXT PERSON		
		No <input type="checkbox"/> ↓ SKIP TO Q 10			Yes <input type="checkbox"/> ↓ GO TO NEXT PERSON		

10. Have you ever worked outside of the home for 6 months or longer?

☐ No --> SKIP TO Q 11

☐ Yes

↓

		J O B # 1	J O B # 2
10.1	In what year did you begin your first (next) job which lasted 6 months or longer?	19 <input type="text"/> <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/> <input type="text"/>
10.2	Was this a fulltime job?	No <input type="checkbox"/> Yes <input type="checkbox"/> --> SKIP TO Q 10.4	No <input type="checkbox"/> Yes <input type="checkbox"/> --> SKIP TO Q 10.4
10.3	IF NO, How many hrs /week did you work?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10.4	How many years did you work there?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10.5	What was your job title?		
10.6	What were your activities on this job?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10.7	What type of business or industry was this?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10.8	SHOW CARD #2: Did you ever work with any of these substances on this job? IF YES, which ones?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Yes <input type="checkbox"/> <input type="checkbox"/> ↓ --> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Yes <input type="checkbox"/> <input type="checkbox"/> ↓ --> <input type="checkbox"/> <input type="checkbox"/>
10.9	While in that job, did people smoke around you?	No <input type="checkbox"/> --> SKIP TO JOB 2 Yes <input type="checkbox"/> ↓	No <input type="checkbox"/> --> SKIP TO JOB 3 Yes <input type="checkbox"/> ↓
10.10	On the average, about how many people smoked around you on the job?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10.11	On the average, how many hours a day did people smoke around you on the job?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10.12	What tobacco products were smoked?	<input type="checkbox"/> 1. cigarettes <input type="checkbox"/> 2. cigars <input type="checkbox"/> 3. pipes <input type="checkbox"/> 4. combination	<input type="checkbox"/> 1. cigarettes <input type="checkbox"/> 2. cigars <input type="checkbox"/> 3. pipes <input type="checkbox"/> 4. combination
10.13	Was your work mostly 1. indoors 2. outdoors 3. both	<input type="checkbox"/> 1. indoors <input type="checkbox"/> 2. outdoors <input type="checkbox"/> 3. both	<input type="checkbox"/> 1. indoors <input type="checkbox"/> 2. outdoors <input type="checkbox"/> 3. both
10.14	How smoky did the work area you spent the most time in get? SHOW CARD #3 (READ RESPONSES)	<input type="checkbox"/> 1. Very smoky <input type="checkbox"/> 2. Fairly smoky <input type="checkbox"/> 3. A little smoky <input type="checkbox"/> 4. Not at all	<input type="checkbox"/> 1. Very smoky <input type="checkbox"/> 2. Fairly smoky <input type="checkbox"/> 3. A little smoky <input type="checkbox"/> 4. Not at all

	JOB # 1	JOB # 4
10.1	In what year did you begin your first (next) job which lasted 6 months or longer? 19 <input type="text"/> <input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/> <input type="text"/>
10.2	Was this a fulltime job? No <input type="checkbox"/> Yes <input type="checkbox"/> --> SKIP TO Q 10.4	No <input type="checkbox"/> Yes <input type="checkbox"/> --> SKIP TO Q 10.4
10.3	IF NO, How many hrs /week did you work? <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10.4	How many years did you work there? <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10.5	What was your job title?	
10.6	What were your activities on this job? <input type="text"/> <input type="text"/> <input type="text"/>	 <input type="text"/> <input type="text"/> <input type="text"/>
10.7	What type of business or industry was this? <input type="text"/> <input type="text"/> <input type="text"/>	 <input type="text"/> <input type="text"/> <input type="text"/>
10.8	SHOW CARD #2: Did you ever work with any of these substances on this job? IF YES, which ones? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Yes <input type="checkbox"/> <input type="checkbox"/> ↓ --> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> No Yes <input type="checkbox"/> <input type="checkbox"/> ↓ --> <input type="checkbox"/> <input type="checkbox"/>
10.9	While in that job, did people smoke around you? No <input type="checkbox"/> --> SKIP TO JOB 4 Yes <input type="checkbox"/> ↓	No <input type="checkbox"/> --> SKIP TO JOB 5 Yes <input type="checkbox"/> ↓
10.10	On the average, about how many people smoked around you on the job? <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10.11	On the average, how many hours a day did people smoke around you on the job? <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10.12	What tobacco products were smoked? <input type="checkbox"/> 1. cigarettes <input type="checkbox"/> 2. cigars <input type="checkbox"/> 3. pipes <input type="checkbox"/> 4. combination	<input type="checkbox"/> 1. cigarettes <input type="checkbox"/> 2. cigars <input type="checkbox"/> 3. pipes <input type="checkbox"/> 4. combination
10.13	Was your work mostly 1. indoors 2. outdoors 3. both <input type="checkbox"/> 1. indoors <input type="checkbox"/> 2. outdoors <input type="checkbox"/> 3. both	<input type="checkbox"/> 1. indoors <input type="checkbox"/> 2. outdoors <input type="checkbox"/> 3. both
10.14	How smoky did the work area you spent the most time in get? SHOW CARD #3 (READ RESPONSES) <input type="checkbox"/> 1. Very smoky <input type="checkbox"/> 2. Fairly smoky <input type="checkbox"/> 3. A little smoky <input type="checkbox"/> 4. Not at all	<input type="checkbox"/> 1. Very smoky <input type="checkbox"/> 2. Fairly smoky <input type="checkbox"/> 3. A little smoky <input type="checkbox"/> 4. Not at all

	J O B # 5	J O B # 6
10.1	In what year did you begin your first (next) job which lasted 6 months or longer? 19	19
10.2	Was this a fulltime job? No Yes --> SKIP TO C 10.4	No Yes --> SKIP TO C 10.4
10.3	IF NO, How many hrs /week did you work? 	
10.4	How many years did you work there? 	
10.5	What was your job title?	
10.6	What were your activities on this job? 	
10.7	What type of business or industry was this? 	
10.8	SHOW CARD #2: Did you ever work with any of these substances on this job? IF YES, which ones? No Yes ↓ -->	 No Yes ↓ -->
10.9	While in that job, did people smoke around you? No --> SKIP TO JOB 6 Yes ↓	No --> SKIP TO JOB 7 Yes ↓
10.10	On the average, about how many people smoked around you on the job? 	
10.11	On the average, how many hours a day did people smoke around you on the job? 	
10.12	What tobacco products were smoked? 1. cigarettes 2. cigars 3. pipes 4. combination	1. cigarettes 2. cigars 3. pipes 4. combination
10.13	Was your work mostly 1. indoors 2. outdoors 3. both 1. indoors 2. outdoors 3. both	1. indoors 2. outdoors 3. both
10.14	How smoky did the work area you spent the most time in get? 1. Very smoky 2. Fairly smoky 3. A little smoky 4. Not at all SHOW CARD #3 (READ RESPONSES)	1. Very smoky 2. Fairly smoky 3. A little smoky 4. Not at all

10.1	In what year did you begin your first (next job which lasted 6 months or longer)?	19 ____	19 ____
10.2	Was this a fulltime job?	No ____ Yes ____ --> SKIP TO 10.4	No ____ Yes ____ --> SKIP TO 10.4
10.3	If NO, How many hrs. week did you work?	____	____
10.4	How many years did you work there?	____	____
10.5	What was your job title?		
10.6	What were your activities on this job?	____	____
10.7	What type of business or industry was this?	____	____
10.8	SHOW CARD #2: Did you ever work with any of these substances on this job? If YES, which ones?	____ No Yes ____ ____ --> ____	____ No Yes ____ ____ --> ____
	While in that job, did people smoke around you?	No ____ --> SKIP TO JOB 8 Yes ____	No ____ --> SKIP TO JOB 9 Yes ____
10.10	On the average, about how many people smoked around you on the job?	____	____
10.11	On the average, how many hours a day did people smoke around you on the job?	____	____
10.12	What tobacco products were smoked?	____ 1. cigarettes ____ 2. cigars ____ 3. pipes ____ 4. combination	____ 1. cigarettes ____ 2. cigars ____ 3. pipes ____ 4. combination
10.13	Was your work mostly 1. indoors 2. outdoors 3. both	____ 1. indoors ____ 2. outdoors ____ 3. both	____ 1. indoors ____ 2. outdoors ____ 3. both
10.14	How smoky did the work area you spent the most time in get? SHOW CARD #3 (READ RESPONSES)	____ 1. Very smoky ____ 2. Fairly smoky ____ 3. A little smoky ____ 4. Not at all	____ 1. Very smoky ____ 2. Fairly smoky ____ 3. A little smoky ____ 4. Not at all

	J O B # 9	J O B # 10
10.1	In what year did you begin your first (next) job which lasted 6 months or longer? 19	19
10.2	Was this a fulltime job? No Yes --> SKIP TO Q 10.4	No Yes --> SKIP TO Q 10.4
10.3	IF NO, How many hrs /week did you work? 	
10.4	How many years did you work there? 	
10.5	What was your job title?	
10.6	What were your activities on this job? 	
10.7	What type of business or industry was this? 	
10.8	SHOW CARD #2: Did you ever work with any of these substances on this job? IF YES, which ones? No Yes ↓ -->	 No Yes ↓ -->
10.9	While in that job, did people smoke around you? No --> SKIP TO JOB 10 Yes ↓	No --> SKIP TO SUPPLEMENT Yes ↓
10.10	On the average, about how many people smoked around you on the job? 	
10.11	On the average, how many hours a day did people smoke around you on the job? 	
10.12	What tobacco products were smoked? 1. cigarettes 2. cigars 3. pipes 4. combination	1. cigarettes 2. cigars 3. pipes 4. combination
10.13	Was your work mostly 1. indoors 2. outdoors 3. both 1. indoors 2. outdoors 3. both	1. indoors 2. outdoors 3. both
10.14	How smoky did the work area you spent the most time in get? SHOW CARD #3 (READ RESPONSES) 1. Very smoky 2. Fairly smoky 3. A little smoky 4. Not at all	1. Very smoky 2. Fairly smoky 3. A little smoky 4. Not at all

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

OTHER SMOKING CONTACTS

11. Other than the circumstances we have talked about, were there times where you were in an area filled with cigarette smoke for 2 or more hours a week on a regular basis when you were:

.1	in your 20's ?	<input type="checkbox"/> No ↓	<input type="checkbox"/> Yes -->	IF YES For how many years when you were in your 20's ? <input type="text"/>
				How many hours/wk, on average? <input type="text"/>
.2	in your 30's ?	<input type="checkbox"/> No ↓	<input type="checkbox"/> Yes -->	IF YES For how many years when you were in your 30's ? <input type="text"/>
				How many hours/wk, on average? <input type="text"/>
.3	in your 40's ?	<input type="checkbox"/> No ↓	<input type="checkbox"/> Yes -->	IF YES For how many years when you were in your 40's ? <input type="text"/>
				How many hours/wk, on average? <input type="text"/>
.4	in your 50's ?	<input type="checkbox"/> No ↓	<input type="checkbox"/> Yes -->	IF YES For how many years when you were in your 50's ? <input type="text"/>
				How many hours/wk, on average? <input type="text"/>
.5	in your 60's ?	<input type="checkbox"/> No ↓	<input type="checkbox"/> Yes -->	IF YES For how many years when you were in your 60's ? <input type="text"/>
				How many hours/wk, on average? <input type="text"/>
.6	in your 70's ?	<input type="checkbox"/> No ↓	<input type="checkbox"/> Yes -->	IF YES For how many years when you were in your 70's ? <input type="text"/>
				How many hours/wk, on average? <input type="text"/>

MEDICAL HISTORY

12. Now I'd like to ask you about your medical history up until about a year ago, including both your childhood and adult life.

CONDITION	a. Has a Dr. ever told you that you had _____?	b. How old were you when a Dr. first told you that you had _____?	c. Was it treated by X-ray or other types of radiation?
Asthma	No <input type="checkbox"/> Yes --> <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Chronic bronchitis	No <input type="checkbox"/> Yes --> <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Pneumonia	No <input type="checkbox"/> Yes --> <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tuberculosis	No <input type="checkbox"/> Yes --> <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Pleurisy	No <input type="checkbox"/> Yes --> <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Emphysema	No <input type="checkbox"/> Yes --> <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Any other respiratory problems	No <input type="checkbox"/> Yes --> <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Thyroid condition	No <input type="checkbox"/> Yes --> <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Tonsillitis/adonoid problem	No <input type="checkbox"/> Yes --> <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Breast infection (mastitis)	No <input type="checkbox"/> Yes --> <input type="checkbox"/>	<input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Acne	No <input type="checkbox"/> Yes --> <input type="checkbox"/>	(Specify location) <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>
Skin cancer	No <input type="checkbox"/> Yes --> <input type="checkbox"/>	(Specify location) <input type="text"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

13. Did you receive X-ray treatment for any other condition?

☐ No --> SKIP TO Q 14

☐ Yes ↓

.1 What was the condition? _____

.2 How old were you?

FAMILY HISTORY

14. Altogether, how many brothers do you have, including any half-brothers? Please include any who are no longer living.

15. Altogether, how many sisters do you have, including any half-sisters? Please include any who are no longer living.

|_|_|

16. We are interested in knowing about any types of cancer that may have occurred in your immediate family. These might include breast, colon, cervix, prostate, lung or bladder cancers; leukemia, Hodgkins disease, or any other type of cancer. Did any of the following ever have cancer?

	RELATIVE	Number with cancer	What type of cancer was it?	
.1	Father _ Yes --> _ No ↓			_ _
.2	Mother _ Yes --> _ No ↓			_ _
.3	Brother(s) _ Yes --> _ No ↓		1. _____ 2. _____ 3. _____	_ _ _ _ _ _
.4	Sister(s) _ Yes --> _ No		1. _____ 2. _____ 3. _____	_ _ _ _ _ _

17. Thinking back over the past 12 months, would you say that your eating habits changed? (READ RESPONSES):

|__| 1. A lot
|__| 2. Somewhat
|__| 3. Very little

18. Thinking back over the 10 years before that, how much did your eating habits change? (READ RESPONSES):

|__| 1. A lot
|__| 2. Somewhat
|__| 3. Very little

Now I am going to read a list of foods. Think back to a year ago--that is to (month) of (year). For each food tell me how often you usually ate it during the preceding year--that is from (month) of (year) to (month) of (year). For example, you might tell me that, on average, you ate it three times a week, or twice a month or even once a year.

(INTERVIEWER: IF A FOOD IS EATEN SEASONALLY, OBTAIN INFORMATION ON THE FREQUENCY DURING THE SEASON, DURATION OF SEASON, AND THE FREQUENCY FOR THE REMAINDER OF THE YEAR; LATER CONVERT TO FREQUENCY FOR ENTIRE YEAR).

19. During the year, how often did you usually eat:

(INTERVAL : 1 = day, 2 = week, 3 = month, 4 = year)

.1 Peaches, apricots, nectarines?	
NO. OF TIMES	__ __
INTERVAL	__
NEVER	00
.2 Cantaloupe?	
NO. OF TIMES	__ __
INTERVAL	__
NEVER	00

During that year, how often did you usually eat: _

(INTERVAL : 1 = day, 2 = week, 3 = month, 4 = year)

.3 Watermelon?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.4 Oranges?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.5 Orange juice?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.6 Grapefruit or grapefruit juice?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.7 Other fruit juices or fortified fruit drinks?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.8 Beans other than string beans, such as baked beans, pintos, black-eyed peas, lima beans, or kidney beans?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.9 Mixed vegetables?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.10 Tomatoes or tomato juice?	NO. OF TIMES __ __ INTERVAL __ NEVER 00

(INTERVAL : 1 = day, 2 = week, 3 = month, 4 = year)

.11 Broccoli?	NO. OF TIMES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	INTERVAL <input type="checkbox"/>	NEVER 00
.12 Cauliflower or Brussels sprouts?	NO. OF TIMES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	INTERVAL <input type="checkbox"/>	NEVER 00
.13 Spinach?	NO. OF TIMES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	INTERVAL <input type="checkbox"/>	NEVER 00
.14 Mustard greens, turnip greens, or collards?	NO. OF TIMES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	INTERVAL <input type="checkbox"/>	NEVER 00
.15 Cole slaw, cabbage, or sauerkraut?	NO. OF TIMES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	INTERVAL <input type="checkbox"/>	NEVER 00
.16 Carrots, or peas and carrots?	NO. OF TIMES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	INTERVAL <input type="checkbox"/>	NEVER 00
.17 Green salad?	NO. OF TIMES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	INTERVAL <input type="checkbox"/>	NEVER 00
.18 Rice?	NO. OF TIMES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	INTERVAL <input type="checkbox"/>	NEVER 00

(INTERVAL : 1 = day, 2 = week, 3 = month, 4 = year)

.19 French fries or fried potatoes?
NO. OF TIMES __ __
INTERVAL __
NEVER 00
.20 Sweet potatoes or yams?
NO. OF TIMES __ __
INTERVAL __
NEVER 00
.21 Other potatoes, including boiled or baked, or potato salad?
NO. OF TIMES __ __
INTERVAL __
NEVER 00
.22 Hamburgers, cheeseburgers, or meat loaf?
NO. OF TIMES __ __
INTERVAL __
NEVER 00
.23 Beef steaks or roasts?
NO. OF TIMES __ __
INTERVAL __
NEVER 00
.24 Beef stew or beef pot pie with carrots and other vegetables?
NO. OF TIMES __ __
INTERVAL __
NEVER 00
.25 Liver, including chicken livers?
NO. OF TIMES __ __
INTERVAL __
NEVER 00
.26 Pork chops or pork roast?
NO. OF TIMES __ __
INTERVAL __
NEVER 00

During that year, how often did you usually eat:

(INTERVAL : 1 = day, 2 = week, 3 = month, 4 = year)

.27 Fried chicken?	NO. OF TIMES __ __
	INTERVAL __
	NEVER 00
.28 Chicken or turkey, roasted, stewed or broiled?	NO. OF TIMES __ __
	INTERVAL __
	NEVER 00
.29 Fried fish or fish sandwich?	NO. OF TIMES __ __
	INTERVAL __
	NEVER 00
.30 Spaghetti, lasagna, or other pasta with tomato sauce?	NO. OF TIMES __ __
	INTERVAL __
	NEVER 00
.31 Hot dogs?	NO. OF TIMES __ __
	INTERVAL __
	NEVER 00
.32 Ham or lunch meats?	NO. OF TIMES __ __
	INTERVAL __
	NEVER 00
.33 Vegetable soup, vegetable beef, minestrone, or tomato soup?	NO. OF TIMES __ __
	INTERVAL __
	NEVER 00

During that year, how often did you usually eat:

(INTERVAL : 1 = day, 2 = week, 3 = month, 4 = year)

.34 White bread, rolls, or crackers, including sandwiches?	NO. OF TIMES <input type="text"/>
	INTERVAL <input type="text"/>
	NEVER 00
.35 Dark bread, including whole wheat, rye or pumpernickel?	NO. OF TIMES <input type="text"/>
	INTERVAL <input type="text"/>
	NEVER 00
.36 Corn bread, corn muffins, corn tortillas, or grits?	NO. OF TIMES <input type="text"/>
	INTERVAL <input type="text"/>
	NEVER 00
.37 Peanuts or peanut butter?	NO. OF TIMES <input type="text"/>
	INTERVAL <input type="text"/>
	NEVER 00
.38 Salty snacks, such as chips or popcorn?	NO. OF TIMES <input type="text"/>
	INTERVAL <input type="text"/>
	NEVER 00
.39 Butter on bread or vegetables?	NO. OF TIMES <input type="text"/>
	INTERVAL <input type="text"/>
	NEVER 00
.40 Margarine on bread or vegetables?	NO. OF TIMES <input type="text"/>
	INTERVAL <input type="text"/>
	NEVER 00

During that year, how often did you usually eat:

(INTERVAL : 1 = day, 2 = week, 3 = month, 4 = year)

.41 Salad dressing or mayonnaise, including on sandwiches?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.42 High fiber, bran or granola cereals, or shredded wheat?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.43 Highly fortified cereals, such as "Special K" or "Total"?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.44 Other cold cereals, such as "Corn Flakes" or "Rice Krispies"?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.45 Cooked cereal such as oatmeal?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.46 Eggs?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.47 Bacon?	NO. OF TIMES __ __ INTERVAL __ NEVER 00

During that year, how often did you usually eat:

(INTERVAL : 1 = day, 2 = week, 3 = month, 4 = year)

.48 Sausage?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.49 Ice cream?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.50 Pie?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.51 Doughnuts, cookies, cake, or pastry?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.52 Chocolate candy?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.53 Sugar in coffee or tea or on cereal?	NO. OF TIMES __ __ INTERVAL __ NEVER 00
.54 Cheeses or cheese spreads, not including cottage cheese?	NO. OF TIMES __ __ INTERVAL __ NEVER 00

During that year, how often did you usually drink:

(INTERVAL : 1 = day, 2 = week, 3 = month, 4 = year)

.55	Whole milk and beverages with whole milk, not including on cereal?	NO. OF TIMES <input type="text"/>	INTERVAL <input type="text"/>	NEVER 00
.56	Low fat, 2% milk and beverages with 2% milk, not including on cereal?	NO. OF TIMES <input type="text"/>	INTERVAL <input type="text"/>	NEVER 00
.57	Skim milk, 1% milk, or buttermilk, not including on cereal?	NO. OF TIMES <input type="text"/>	INTERVAL <input type="text"/>	NEVER 00
.58	Regular soft drinks?	NO. OF TIMES <input type="text"/>	INTERVAL <input type="text"/>	NEVER 00

.59 Beer?	NO. OF TIMES <input type="text"/>	Usual portion size:	
	INTERVAL <input type="text"/>	SMALL	1
	NEVER 00	MEDIUM (12 OZ. CAN OR BOTTLE)	2
		LARGE	3
.60 Wine?	NO. OF TIMES <input type="text"/>	SMALL	1
	INTERVAL <input type="text"/>	MEDIUM (1 MED. GLASS)	2
	NEVER 00	LARGE	3
.61 Liquor?	NO. OF TIMES <input type="text"/>	SMALL	1
	INTERVAL <input type="text"/>	MEDIUM (1 SHOT)	2
	NEVER 00	LARGE	3

20. When you ate chicken or other poultry, how often did you eat it with the skin on? Would you say:

- ☐ 1. Rarely or never
☐ 2. Sometimes, or
☐ 3. Often

21. When you ate red meat, how often did you eat the fat? Would you say:

- ☐ 1. Rarely or never
☐ 2. Sometimes, or
☐ 3. Often

22. During the year (month) of (year) to (month) of (year), did you take any type of vitamins/or minerals?

- ☐ No → SKIP TO Q 24
☐ Yes ↓

23. At that time, how often did you take:

(INTERVAL : 1 = day, 2 = week, 3 = month, 4 = year)

<p>.1 Multiple vitamins?</p> <p>NO. OF TIMES <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>INTERVAL <input type="checkbox"/></p> <p>NEVER 00</p>	<p>.4 Vitamin C?</p> <p>NO. OF TIMES <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>INTERVAL <input type="checkbox"/></p> <p>NEVER 00</p>
<p>.2 Vitamin A?</p> <p>NO. OF TIMES <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>INTERVAL <input type="checkbox"/></p> <p>NEVER 00</p>	<p>.5 Calcium or dolomite?</p> <p>NO. OF TIMES <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>INTERVAL <input type="checkbox"/></p> <p>NEVER 00</p>
<p>.3 Beta Carotene?</p> <p>NO. OF TIMES <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>INTERVAL <input type="checkbox"/></p> <p>NEVER 00</p>	

RESIDENTIAL HISTORY

Now, I'd like to ask you a few questions about places you have lived. The next 3 questions refer to where you lived during your childhood and teenage years.

24. SHOW CARD #4 (READ RESPONSES). How would you describe the place you lived for the longest time during your childhood and teenage years?

- ☐ 1. farm
- ☐ 2. rural area, nonfarm
- ☐ 3. small town (<20,000 population)
- ☐ 4. large town (20,000-49,999 population)
- ☐ 5. metropolitan area (50,000 or more population)

25. SHOW CARD #4 (READ RESPONSES). What was the usual method of heating that was used in your home or homes during your childhood and teenage years?

- ☐ 1. wood-burning stove
- ☐ 2. natural gas
- ☐ 3. coal
- ☐ 4. electricity
- ☐ 5. fuel oil furnace
- ☐ 6. other, specify _____

26. On average, how many months of the year did you keep the windows of your house open during your childhood and teenage years?

number of months per year

The next 3 questions refer to where you have lived during your adult life.

27. SHOW CARD #4 (READ RESPONSES). How would you describe the place you have lived for the longest time during your adult life?

- ☐ 1. farm
- ☐ 2. rural area, nonfarm
- ☐ 3. small town (<20,000 population)
- ☐ 4. large town (20,000-49,999 population)
- ☐ 5. metropolitan area (50,000 or more population)

28. SHOW CARD #4 (READ RESPONSES). What is the usual method of heating that has been used in your home or homes during your adult life?

- ☐ 1. wood-burning stove
- ☐ 2. natural gas
- ☐ 3. coal
- ☐ 4. electricity
- ☐ 5. fuel oil furnace
- ☐ 6. other, specify _____

29. On average, how many months of the year did you keep the windows of your house open during your adult life?

number of months per year

30. How many years have you lived at your current residence?

31. How many years have you lived in (Metropolitan New Orleans/ Metropolitan Atlanta/ San Francisco Bay Area/ Metropolitan Los Angeles/ Harris County?

32. We are interested in contact you may have had with certain substances in non-work related activities. You may have come in contact with these because of the location of one or more of the homes you've lived in or because you have used these products in your home, in hobbies, or in other non-job related activities.

SHOW CARD #5

Here is a list of substances. As I read each item, tell me if you have ever had contact with it or used it outside of work.

	SUBSTANCES	CONTACT	32a. IF YES, During what years was this? From: 19__ To: 19__	32b. SHOW CARD (READ RESPONSES) How would you describe your contact? 1. Regular, low 2. Occasional, low 3. Regular, moderate 4. Occasional, moderate 5. Regular, high 6. Occasional, high
.1	Paints, lacquers or stains	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
.2	Hair dyes or tints	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
.3	Hair spray	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
.4	Fabric dyes	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
.5	Inks	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
.6	Wooddust/sawdust	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
.7	Cotton or other textile fibers or dust	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
.8	Insecticides or garden sprays	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
.9	Petrochemical plant emissions	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
.10	Grain elevator dust	No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

33. I have only a few more questions. What was the highest grade of school (elementary, high school, college) you completed?

1111

34. Which letter best describes your total household income one year ago? (SHOW CARD #6).

11

35. How many people did this income support?

1 1

36. Do you have a phone in your home?

☐ No ☐ Yes

Thank you very much for answering these questions.

Your participation in this research will be very helpful. My supervisor may wish to get in touch with you by phone or mail to confirm this interview.

INTERVIEWER'S SIGNATURE _____

Time stopped: — — : — — 1 = a.m.
 2 = p.m.

COLLECT SPECIMENS

COMPLETE THIS SECTION AS SOON AS POSSIBLE AFTER LEAVING THE
RESPONDENT

1. In general, how would you rate the information given by this respondent?

Excellent 1

Fairly Accurate 2

Possibly Inaccurate 3

2. Is there any information about which you are doubtful?

☐ No

☐ Yes ↓

IF YES:

- .1 Which information are you doubtful about and why?

3. Other comments: